HOSPITALITY NURSING/REHAB CENTER

8633 32ND AVENUE

KENOSHA 53142 Phone: (262) 694-8300 Ownershi p: Corporation Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 133 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 133 Average Daily Census: 120 Number of Residents on 12/31/00: 117

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/00)	%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	45. 3	
Supp. Home Care-Personal Care	No					1 - 4 Years	35. 0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6. 0	More Than 4 Years	19. 7	
Day Services	No	Mental Illness (Org./Psy)	6.8	65 - 74	7. 7			
Respite Care	Yes	Mental Illness (Other)	0. 9	75 - 84	39. 3		100. 0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35. 9	***********	******	
Adult Day Health Care	No	Para-, Quadra-, Hemi pl egi c	0.0	95 & 0ver	11. 1	Full-Time Equivaler	nt	
Congregate Meals No Cancer		Cancer	5. 1		Nursing Staff per 100 Re	esi dents		
Home Delivered Meals	Yes	Fractures	12. 0		100.0	(12/31/00)		
Other Meals	No	Cardi ovascul ar	19. 7	65 & 0ver	94. 0			
Transportation	Yes	Cerebrovascul ar	9. 4			RNs	17. 4	
Referral Service	No	Di abetes	1.7	Sex	%	LPNs	7. 4	
Other Services	ther Services Yes Respiratory		6.8	6. 8		Nursing Assistants		
Provi de Day Programmi ng for		Other Medical Conditions	37. 6	Male	24. 8	Aides & Orderlies	29. 5	
Mentally Ill	No			Female	75. 2			
Provi de Day Programming for			100.0			I		
Developmentally Disabled	No				100. 0			
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Method of Reimbursement

		Medi	care		Medi c	ai d											
		(Titl	e 18)		(Title	19)		0th	er	P	ri vate	Pay		Manag	ed Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Diem	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	2. 4	\$113. 42	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	1. 7%
Skilled Care	21	100. 0	\$310.04	53	64.6	\$97. 01	3	100. 0	\$101.00	9	100.0	\$164.00	2	100. 0	\$302.82	88	75. 2%
Intermediate				27	32. 9	\$80.60	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	27	23. 1%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Dependen	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	21	100. 0		82	100. 0		3	100. 0		9	100.0		2	100. 0		117	100.0%

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi ti	ions, Services,	and Activities as of 12	/31/00
Deaths During Reporting Period							
				9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	5.4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	2. 6		86. 3	11. 1	117
Other Nursing Homes	1.4	Dressi ng	11. 1		81. 2	7. 7	117
Acute Care Hospitals	89. 6	Transferri ng	17. 9		74. 4	7. 7	117
Psych. HospMR/DD Facilities	0.0	Toilet Use	17. 9		73. 5	8. 5	117
Rehabilitation Hospitals	0.4	Eati ng	65. 0		32. 5	2. 6	117
Other Locations	3. 2	*************	******	*****	******	********	********
Total Number of Admissions	279	Continence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6. 0	Recei vi ng l	Respiratory Care	6. 0
Private Home/No Home Health	55. 3	0cc/Freq. Incontiner	nt of Bladder	53. 0	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	4.7	0cc/Freq. Incontiner	nt of Bowel	24.8	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	7. 6				Recei vi ng (Ostomy Care	0. 9
Acute Care Hospitals	10. 9	Mobility			Recei vi ng	Tube Feeding	2. 6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	9. 4	Recei vi ng 1	Mechanically Altered Diets	s 24. 8
Rehabilitation Hospitals	0. 0						
Other Locations	3.6	Skin Care			Other Resider	nt Characteristics	
Deaths	17.8	With Pressure Sores		10. 3	Have Advance	ce Directives	74. 4
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	275	1			Receiving l	Psychoactive Drugs	57. 3
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		Own	ershi p:	Bed	Si ze:	Li c	ensure:		
	Thi s	Pro	pri etary	100-	199	Ski l	lled	Al l	
	Facility	Peer	Group	Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90. 2	82.5	1. 09	83. 6	1.08	84. 1	1.07	84. 5	1.07
Current Residents from In-County	86. 3	83. 3	1.04	86. 1	1.00	83. 5	1.03	77. 5	1. 11
Admissions from In-County, Still Residing	17. 6	19. 9	0. 88	22. 5	0. 78	22. 9	0. 77	21.5	0.82
Admissions/Average Daily Census	232. 5	170. 1	1. 37	144. 6	1. 61	134. 3	1. 73	124. 3	1.87
Discharges/Average Daily Census	229. 2	170. 7	1. 34	146. 1	1. 57	135. 6	1. 69	126. 1	1.82
Discharges To Private Residence/Average Daily Census	137. 5	70.8	1.94	56. 1	2. 45	53. 6	2. 56	49. 9	2. 76
Residents Receiving Skilled Care	76. 9	91. 2	0.84	91.5	0.84	90. 1	0.85	83. 3	0. 92
Residents Aged 65 and Older	94. 0	93. 7	1.00	92. 9	1.01	92. 7	1.01	87. 7	1.07
Title 19 (Medicaid) Funded Residents	70. 1	62. 6	1. 12	63. 9	1. 10	63. 5	1. 10	69. 0	1. 02
Private Pay Funded Residents	7. 7	24. 4	0. 32	24. 5	0. 31	27. 0	0. 28	22.6	0.34
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1. 3	0. 00	7. 6	0.00
Mentally Ill Residents	7. 7	30. 6	0. 25	36. 0	0. 21	37. 3	0. 21	33. 3	0. 23
General Medical Service Residents	37. 6	19. 9	1. 89	21. 1	1. 78	19. 2	1. 96	18. 4	2.04
Impaired ADL (Mean)	42.6	48. 6	0. 88	50. 5	0.84	49. 7	0.86	49. 4	0.86
Psychological Problems	57. 3	47. 2	1. 21	49. 4	1. 16	50. 7	1. 13	50. 1	1. 14
Nursing Care Required (Mean)	5. 6	6. 2	0. 90	6. 2	0. 90	6. 4	0.86	7. 2	0. 78